

EFFECT OF EDUCATION ON CHOICE OF MEDICAL TREATMENT OPTIONS IN SELECTED RURAL COMMUNITIES IN IMO STATE OF NIGERIA

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ABSTRACT

Rural dwellers, in the event of illness in Nigeria, often take to treatment options that exacerbate their illnesses and accelerate death process, as a result of factors ranging from ignorance to poverty. It is on this premise that this study sought to determine the influence of education on choice of medical treatment options, using data collected from the researchers'-made questionnaire. The analysis revealed that there was a significant association between level of education and choice of medical treatment. In particular, the association was significant for male and non-significant for female. The study also showed that the educated tended to be more inclined to modern treatment. The study recommends, among other measures, increase educational opportunities to the people and integration of native medicine and spiritual healing into modern medical institutions to cater for various illnesses using these practices.

KEYWORDS: Effect, Education, Choice, Medical Treatment Options, Rural Communities

INTRODUCTION

Health is generally acknowledged as wealth. This is so, because only the healthy in any given human population can work and generate wealth in one form or the other. A healthy citizenry is an asset for national development, especially if it possesses the various forms of knowledge, skills, attitudes and experiences required for harnessing, mobilizing and manipulating human and material resources for social, economic, environmental and political transformation of the people's life.

Health has been reported to be influenced by several factors, ranging from social and cultural to economic (Berkman and Kawachi, 2000; Marmot and Wilkinson, 2006; Vaughn et al 2009). It has also been linked to poverty, morbidity, mortality, social networks and social support (Stransfeld, 1999; Cassel, 1976; Berkman and Glass, 2000). In the report of their joint research work, Feinstein et al (2006) stated that there is a considerable international evidence that education is strongly linked to health and to determinants of health such as health behaviour, risky context and preventive service use. Similarly, and more specifically, Spasojevic (2003), in his own research finding in respect of the cohort of Swedish men born between 1945 and 1955, reported that an additional year of schooling reduces the risk of bad health by 18.5%. Rural population is a potential source of manpower in any economy and, by implication, a veritable force for generating the energy needed for wealth creation. Although rural communities in Nigeria and, indeed, in some other developing economies, are endowed with abundant natural resources, the inhabitants have hardly adequately harnessed these resources to boost national development. Many reasons have been adduced for this lamentable state of affairs, ranging from marginalization in the national scheme of things to ignorance, illiteracy, poverty and poor health.

Statement of the Problem

As earlier stated, the health of any given population is influenced by its cultural beliefs among other factors. This means that the health behaviour of a people is determined by several factors which include their value system, food culture, environment, productive capacity, distributive system, belief system, literacy level, etc. As a result, certain forms of ailments are common among some societies or communities, while some others are peculiar to others. However, one fact which generally has been established is that the therapeutic system of any particular society derives from its health and general culture and, *ipso facto*, tends to vary from one society to another. This is not to ignore the fact that ailments that are peculiar to particular communities have, sometimes, as a result of miscegenation and population flow, been transported to some others.

Decision on where to seek treatment in the event of illness can make a difference between death and survival from the illness. In other words, a wrong or misinformed choice of treatment option can engender fatal consequences. On the other hand, a right or informed choice can lead to survival. Rural dwellers, including those of the communities under study, sometimes tend, in the event of illness, to take to treatment options that exacerbate the illness and accelerate death process. Such uninformed choices may be the result of a number of factors, including illiteracy, ignorance and poverty. In fact, many rural dwellers in the communities under study die of certain illnesses more as a result of wrong choices of treatment options than of the gravity of the illnesses. In some cases, and after a spell of indecision, they begin with self-medication, and progressively move through traditional, spiritual and orthodox options, or sometimes in a reverse order, in the course of which the situation gets worse. The choice they make is speculatively attributed to their level of education among other factors. But this has not been empirically established, hence this study.

Objectives of the Study

Against the background of the problem as identified above, this study generally seeks to empirically determine the effect which level of education has on the choice of medical treatment options among dwellers of the selected rural communities in Imo State of Nigeria.

The specific objectives of the study are to:

- Ascertain the socio-economic profile of inhabitants of the communities.
- Identify some common forms of illness in the communities.
- Determine the effect of level of education on the people's choice of medical treatment options in the event of illness.

Significance of the Study

Theoretically, this study will add to the corpus of knowledge in health literature. Thus, it will be a reference material to students, other researchers in the same area of study, and to medical educators. From the practical perspective, the study will enhance the understanding of health workers in the studied communities of the health behaviour of the people and lead to possible improvement in their services to them. The study may also directly or indirectly lead to some improvement in terms of the people's choice of medical treatment options in the event of illnesses.

Finally, the pitfalls of this study may provoke further research in certain aspects of it.

METHODOLOGY

Data

Data for this study were generated from Researchers' Made Questionnaire (RMQ) distributed to sixty-four randomly selected rural communities out of six hundred and thirty-seven autonomous communities in Imo State, Nigeria. The communities under focus in this study cut across the three senatorial zones of Imo State. Each senatorial zone is a geo-political entity with some common socio-demographic characteristics, ranging from socio-cultural identity to economic and geographical similarities. A total of five hundred (500) copies of questionnaire were distributed; out of this, four hundred and ninety-one (491) or 98.2% were filled and returned. The questionnaire was designed to elicit information from the respondents on some demographic, social-cultural and economic factors, such as gender, age, level of education, religion, common illnesses, occupation, traditional affinity and income, which have been found to influence choices of medical treatment options. The common medical treatment options involved in the study were orthodox treatment, native treatment and spiritual healing identified by Obasi et al (2014). The educational qualifications were classified into: Low, Middle and High, where 'Low' represented No FSLC to FSLC; 'Middle' represented WAEC/GCE to ND/NCE and 'High' BSc/HND & above.

Following the fact that the data were frequency (categorical) data, and that the interest of the study was on association between level of education and choice of medical treatment options, Chi-Square test of Independence was used. The Chi-Square statistic was run with SPSS version 20. In addition, simple percentages were adopted to facilitate understanding of the analysis.

Results and Discussions

Table 1 shows that there was a significant association between level of education and choice of medical treatment option. It is noteworthy that modern treatment had the highest frequency across the three levels of education. Also, 59.1% of those who preferred spiritual healing were of middle level education, followed by high level (31.8%) and low education (9.1%). Native treatment had 39% of those that preferred it having middle level education; 36.8% low level and 24.2% having high level education.

Table 1: Distribution of Respondents by Level of Education and Treatment Options

Educational Level	Treatment Options			Total
	Modern Treatment	Native Treatment	Spiritual Healing	
Low	77 *(79.31) (23.33%)	35 *(22.83) (36.84%)	6 *(15.86) (9.09%)	118
Middle	146 *(149.21) (44.24%)	37 *(42.95) (38.95%)	39 *(29.84) (59.09%)	222
High	107 *(101.49) (32.42%)	23 *(29.22) (24.21%)	21 *(20.30) (31.82%)	151
Total	330	95	66	491

* = Expected Frequencies.

Pearson Chi-Square = 18.036, df = 4, p-value = 0.001

The first implication of the findings in Table 1 is that contrary to general belief, spiritual healers were patronized more by those with higher education than those with lower education. The second implication is that there was an apparent awareness on the part of the studied population of modern medical treatment since the modal frequency cuts across the three levels of education. In particular, those with relatively higher level of education tended to be more inclined to modern treatment, as evident in 76.66% percent of this category of respondents patronizing modern treatment, while 23.33% of

those with low level of education patronized same. This finding had been explained by Obasi et al (2014) in terms of the relative efficacy of the orthodox option in most of the illnesses studied by them.

The analysis also revealed, as shown in Tables 2 and 3, that of those who preferred spiritual healing, 64.6% were female while 35.4% are male. Of those who preferred native treatment, 60.2% were male while 39.8% were female. Similarly, of those who preferred modern treatment, 45.7% were males while 54.3% were female. The implications of the findings in tables 2 and 3 are, firstly, as usually believed, women tend to patronize spiritual healers more than men. This may not be unconnected with child-bearing problems and complications and other family problems that women face which they tend to perceive in spiritual terms and therefore seek solutions to them in spiritualism. For example, childlessness among the people is commonly explained in spiritual terms. Conversely, more males patronize native treatment than females. This could be as a result of the pain and/or 'bitter taste' associated with native treatments which women often tend to detest. Furthermore, native treatments often implicate dreadful manipulations and paraphernalia which only desperate women can stand. We also observed from tables 2 and 3 that more women than men preferred modern treatment and this corroborates the second implication.

Table 2: Distribution of Male Respondents by Level of Education and Treatment Options

Educational Level	Treatment Options			Total
	Modern Treatment	Native Treatment	Spiritual Healing	
Low	30 *(34.06) (20.0%)	21 *(12.72) (37.5%)	1 *(5.22) (4.35%)	52
Middle	60 *(60.26) (40.0%)	21 *(22.50) (37.5%)	11 *(9.24) (47.83%)	92
High	60 *(55.68) (40.0%)	14 *(20.79) (25.0%)	11 *(8.54) (47.83%)	85
Total	150	56	23	229

* = Expected Frequencies.

Pearson Chi-Square = 12.992, df = 4, p-value = 0.011

For the male, as in Table 2, there exists significant association between educational level and choice of medical treatment options ($p < 0.05$), while in the case of the female as in Table 3, there exists no significant association between educational level and choice of medical treatment options ($p > 0.05$). The implication of Table 3 is that women are not influenced by their educational level, but by the perceived and experienced efficacy of the choices they make in any particular circumstance.

Table 3: Distribution of Female Respondents by Level of Education and Treatment Options

Educational Level	Treatment Options			Total
	Modern Treatment	Native Treatment	Spiritual Healing	
Low	46 *(45.02) (25.84%)	14 *(9.36) (37.84%)	5 *(10.62) (11.90%)	65
Middle	86 *(89.45) (48.31%)	15 *(18.57) (40.54%)	28 *(21.08) (66.67%)	129
High	46 *(43.63) (25.84%)	8 *(9.07) (21.62%)	9 *(10.30) (21.43%)	63
Total	178	37	42	257

* = Expected Frequencies.

Pearson Chi-Square = 8.800, df = 4, p-value = 0.066

The study also revealed that among the illnesses suffered by the people, malaria and stroke were the commonest. This can be attributed partly to ignorance and partly to economic hardship, and their related consequences on the people.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

- Provision, by government, of more educational opportunities to the rural people, as this will help them make more informed decisions on where to seek treatment for whatever type of illness.
- Adequate staffing and equipping of rural health centres to enhance their efficacy.
- Increase in recognition and patronage of traditional medicine and spiritual healing, since these are viewed as being effective and are also acceptable by all levels of the educated, particularly in the cure of certain forms of illness.
- Integration of native medicine and spiritual healing into modern medical Institution through creation of separate units within the institutions to handle these forms of treatment.
- Acceptance by patients of medical treatment options based on the perceived and experienced efficacy of such options.

CONCLUSIONS

It is evident in this study, that modern medical treatment remains the most popular among the three options analyzed. However, the other two options are very much in use. What all this means is that the three treatment options studied are patronized in varied degrees. Therefore there is need for integration of this three treatment options in our medical system and collaboration among their practitioners for greater effects.

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